The bearer of this letter has applied for a which requires that he/she meet certain p clearance examination, these additional f You are requested to examine the application identified below. If convenient, you may	hysical standards. In itness-for-duty requi ant and confirm that l	n addition to the medical rements must be verified. he/she meets the standards
Name of Candidate	SSN	DOB
VISION Note: Lasik surgery and implantable lens permitted (please provide all pertinent reports, i.e. surgical and follow-up reports)		
Has vision correctable to 20/20 in one eye and 20/40 in the other, no color blindness, adequate night vision, and good peripheral vision.		
Meets standards Does	not meet standards (please define)
HEARING		
Hears whispers at 15 feet, no hearing loss of greater than 30 decibels at 500, 1000, or 2000, ops level.		
Meets standards Does not meet standards (please define) Meets standards with hearing appliance: YES NO (Please circle one)		
MUSCULOSKELETAL SYSTEM		
Extremities and back: no conditions that essential functions of the Diplomatic Corobjects that may be oversized and weigh and working in and around aircraft, truck maneuvering, and working in cramped spand recurring periods of prolonged stand	urier position, includ as much as 70 lbs., f as, trains, aboard ship paces, and performin	ing lifting and moving frequently climbing ladders os, etc., crawling, g work that involves regular
Meets standards Doe	s not meet standards	(please define)
Date Signature and T	Citle	
Examiner		
Please scan and email to MEDMR@sta	ate.gov or fax to 703	3-875-4850 Medical

Records Department.

To the Examiner: